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DR. MARSHALL HALL ON PUERPERAL DISEASES.

(Continued from page 193.)

But there is another case particularly frequent in the puerperal state, it is that of

The Effects of Stomachal and Intestinal Irritation.—Some of the effects of intestinal irritation may be observed before parturition. But it is far more usual to find them developed afterwards. They generally take place rather suddenly about forty or fifty hours after delivery; but the puerperal state appears so to dispose to this affection, that the presence of any cause of stomachal or intestinal irritation, cannot always be borne with impunity for many days even after delivery.

This affection may, for the facility of description, be divided into the acute and insidious: each of these forms manifests itself with general symptoms only, or with some predominant local affection.

The acute form of intestinal irritation is generally ushered in by a violent rigor. This is an important fact; for rigor has been considered as denoting puerperal inflammation, and essential to the latter disease. Neither of these suppositions is true: for puerperal fever may occur in a severe and fatal form without rigor; and the severest rigor may only portend an attack of the effects of intestinal irritation; and in general the latter disease is attended with even a severer rigor than the former.

In the attack of intestinal irritation, there is usually, after the rigor, great heat of the surface. I have already observed, that this is by no means an essential part of puerperal inflammation; indeed, I do not think that it properly belongs to the latter disease, but that, when it does occur with inflammation, it denotes a mixed case, and the co-existence of intestinal irritation.

In the attack of the effects of intestinal irritation, there is usually earlier and even greater frequency of the pulse than in cases of puerperal inflammation; the pulse is also usually fuller than in the latter disease.

Intestinal irritation induces symptoms which are similar to those of the most acute phrenitis, or to those of the most acute peritonitis. This is a remark of the utmost practical importance; for the remedies in these different cases are totally different; and I should say, that in the former, the freest bloodletting must be aided by purgative medicines, whilst, in the latter, the freest and fullest evacuation of the intestines must be aided by bloodletting. A mistake, in either case, would, in my opinion, endanger the life of the patient; and it is a foolish and idle re-

mark to say, that it is better to mistake irritation for inflammation, than inflammation for irritation. It is of the utmost importance to attend to the distinctions which I have made between inflammation and intestinal irritation, in regard to the treatment; for, although both bloodletting and purging are to be used in every case, yet the former is *the* remedy in inflammation, and the latter in intestinal irritation. If the cure of inflammation be trusted, even chiefly, to purgative medicines, I think it will frequently proceed to the destruction of the patient; and if bloodletting should be chiefly employed, in like manner in intestinal irritation, I believe it would leave the disease unsubdued, and eventually plunge the patient into a state of irremediable exhaustion.

The affection of the head and of the abdomen frequently co-exist, or alternate, in the same case; but sometimes one of them exists to the exclusion of the other, or supervenes upon the cessation of the other; and in the latter case the affection of the head usually succeeds that of the abdomen.

The diagnosis is much confirmed by this conjunction of the affections.

In the affection of the head from intestinal irritation, there is frequently the severest pain, and the utmost intolerance of noise, light, and disturbance of every kind. It is in these cases, principally, that the pavement is covered with straw, the knocker tied, the patient's room kept dark and still, so that these very external circumstances speak a significant language to the physician. To the symptoms which have been enumerated, are frequently added wakefulness, and even delirium.

When the abdomen is affected from intestinal irritation, there is general pain, tenderness upon pressure, and frequently tumidity, combined with the general symptoms which I have already enumerated.

Much is effected and learnt in this case by the exhibition of large injections of warm water, and of active purgative medicines, a careful examination of the evacuations, and a studious observation of the effects produced upon the disease. The fæces will be found to be scybalous, or at least, offensive and dark colored, and in large quantity. And the relief obtained, or the return of pain, will be found to depend upon the evacuated, or neglected, state of the bowels.

Another point of great importance is an attentive inquiry into the diet of the patient; this inquiry frequently reveals the mystery of an attack, and, of course, immediately leads to the adoption of an important remedy.

In regard to the course of cases of intestinal irritation, I imagine that under judicious treatment, this would always be one of progressive recovery. When a contrary event occurs, I think it is to be attributed to the misuse of remedies—and especially of bloodletting. In this manner some of the symptoms are superinduced—and sometimes a sudden dissolution has overwhelmed the practitioner with consternation.

I have already noticed that one of the characteristics of intestinal irritation is the susceptibility to syncope upon bloodletting. This is, of course, much more remarkable upon a second or third bloodletting, than upon a first use of the lancet. I have now to add, that no dependence can be placed upon the appearance of the blood drawn. This may be much buffed and cupped, in the puerperal state, without the existence of in-

flammation, and in cases of the most decided inflammation these appearances of the blood may be but little observed.

I have scarcely had an opportunity of examining the state of the internal organs after death; for in general the patients affected by intestinal irritation have recovered. But I have no doubt that such an examination would illustrate the following important remark of the late Dr. Denman:—"We have been told that in the dissection of some who are said to have died of puerperal fever, no appearances of inflammation have been discovered; but I should suspect that, in such cases, some important appearances have been overlooked, or that errors had been committed as to the nature of the disease, and probably in its treatment."

A due consideration of the effects of intestinal irritation will also serve to elucidate other cases of morbid affection, in which the appearances of inflammation were looked for on dissection but were not found. This observation applies particularly to affections of the head, heart and abdomen.

In several cases of this morbid affection, which I had the opportunity of examining many years ago, no morbid appearances were found on the most careful inspection.

I have already sufficiently alluded to the causes of this affection. They are, for the most part, obvious sources of gastric or of intestinal irritation; the former chiefly affecting the head, the latter both the head and the abdomen, either together or separately.

In the treatment of the effects of intestinal irritation, I would by no means exclude the use of the lancet. Bloodletting may be useful in such a case, for the same reason that it is useful in simple fever. But I would repeat that this remedy is only subsidiary to the full and free evacuation of the bowels, and, if necessary, of the stomach. If it were trusted to alone, or with only a moderate attention to the state of the alimentary canal, or if it were used in the manner which is required to be efficient in puerperal inflammation, I am persuaded the patient would die of exhaustion, before the symptoms would yield.

The remedies of intestinal irritation and its effects, I would enumerate and arrange in the following order: first, the full evacuation of the intestinal canal; secondly, bloodletting; thirdly, some kindly anodyne; fourthly, leeches, cupping, a lotion, a liniment, or a blister, according to the circumstances of the case, for the topical affection; fifthly, the mildest, nutritious food; sixthly, the most absolute quiet, and the most perfect security from light, noise, disturbance, and every other source of excitation; seventhly, every soothing plan; eighthly, great coolness, and free ventilation of the sick room; and, lastly, a constant watching over the patient during sleep, to avoid the injurious effects of turbulent dreams on one hand, and of too long sleep and fasting on the other. Upon each of these points I proceed to make such observations as I have learnt, from practice, to be of importance.

In regard to the state of the alimentary canal, it is quite obvious that an emetic is the proper remedy when the symptoms can be attributed to any indigestible substance taken. And I would recommend this remedy,

even although it might appear, from the lapse of time, unlikely that the injurious substance should remain in the stomach.

When the case originates from intestinal irritation, I would earnestly recommend that the first remedy should be an enema, consisting of three or four pints of warm water, very slowly and gently forced into the bowels. This should be followed by an active purge. And this should, in due time, be followed by a repetition of the injection. I need scarcely observe, that the evacuations should be immediately carefully examined, and the effects upon the symptoms of the disease be watched.

To abate the general heat and excitement of the system, to relieve the head or the abdomen, and to ensure perfect safety, the patient should, in cases in which the strength is not particularly impaired, be raised into the erect posture, and be blooded until faintishness be induced. This effect also should be carefully watched. If it occur from the loss of a small quantity of blood, it confirms the diagnosis; if it do not occur until much blood have flowed, it should suggest the suspicion of more than mere intestinal irritation—of one of those mixed cases which so frequently occur.

I do not imagine that this decided use of the lancet can ever be attended with danger, if there have been no previous loss of blood, or other cause of exhaustion. But it could not be repeated with impunity. It would lead to exhaustion with the symptoms of reaction, to the state of sinking, or even to sudden dissolution. And if the case be really one of intestinal irritation, and the other remedies have been duly applied, such repetition of bloodletting will not be required.

It is an observation of great importance, that, in inflammation, repeated bloodletting is required, and is borne with safety; in intestinal irritation, on the contrary, the repetition of bloodletting is neither necessary nor safe.

This free evacuation of the bowels, and detraction of blood, are very apt to be followed by symptoms of hurry and alarm in the system. These effects are frequently prevented by the timely administration of an efficient and kindly anodyne; and I believe no anodyne is possessed of these qualities in a higher degree than the liquor opii sedativus of Battley. Of this excellent medicine a full dose may be given, and, if necessary, repeated in five or six hours.

If this plan do not perfectly relieve the topical affection, some local remedy must be applied. In cases of cerebral affection, leeches may be applied to the temples, or cupping, or a blister, to the nape of the neck, a cold lotion over the whole of the head, and fomentation to the feet. Leeches, a fomentation, a liniment, or a blister, may be applied, if there be affection of the abdomen.

Before the patient falls asleep, I would recommend some mild food to be taken, as gruel or panada. This plan prevents exhaustion, and frequently relieves the local symptoms, in securing a more refreshing kind of sleep.

For the same reason the utmost quiet must be preserved in the patient's room. Every species of disturbance greatly agitates the patient, and prevents the good effects of the remedies which have been employed.

[To be continued.]

DOCUMENTS IN THE HISTORY OF LITHOTRITY, PRINCIPALLY AMONG THE ARABIANS; BY J. J. CLEMENT MULLET.

(Translated from the *Journal Asiatique* of Paris, for June, 1837, and communicated for the Boston Medical and Surgical Journal.)

Since the re-appearance of lithotrity, different historical opinions have been published on this valuable method. Hippocrates has been cited, whose vague text is applied to all possible hypotheses; next Celsus; and then the celebrated Arabian physician, Abul-Cassem-Khalaf-ebn-Abbas-Azzahravi, who died at Cordova in 1107, and was the author of a treatise on theoretic medicine and a treatise on surgery. The first of these works, according to Barbier,* was published several times; the edition from which the passage here cited was extracted bears date in 1519, and is entitled *Abulcasis liber theoriæ rec non practicæ*, in 4to. At folio 94 we read as follows:—

"Accipiatur instrumentum subtile quod nominant moshabarebilia et suaviter introducatur in virgam, et volve lapidem in medio vesicæ, et si fuerit mollis frargitur et exit. Si vero non exiverit cum iis quæ diximus, oportet incidi ut in chirurgia determinatur."

Interesting as this passage is, it nevertheless leaves much to be desired, from its want of precision; from which, indeed, we might even doubt of the correctness of the translation; and I could have wished to be able to obtain the text itself, in order to verify it; but I could not find either that or the translation, for neither of them are in the royal library.

The treatise on surgery speaks of an operation which is a real process of lithotrity, and leads us directly to the process now in use. This treatise was published in England by Channing, with a translation on the opposite pages, and accompanied with figures representing the instruments.† There is at the royal library one manuscript of it in African characters (No. 544 of the Asselin collection), which M. Reinaud has had the politeness to make known to me. In the first volume, p. 289, ch. lx. of the printed copy, and chap. lx. of the second part in the manuscript, we read [here follows an extract from the Arabic text, of which the following is a translation.]

"If it should happen that the stone is of small size and adheres to the canal of the urethra, so as to obstruct the passage of the urine, we must, before resorting to the operation of cutting, employ the process which I have described, and which often dispenses with having recourse to that, as I have myself had experience. This process is as follows:

"You must take a perforating instrument of steel, of this form [see figure in the note], triangular, terminating in a point and fixed in a wooden handle. You then take a thread, with which you make a liga-

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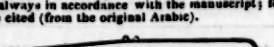
* *Dict. Biograph.*, published by Gen. Beauvais, and revised by Barbier, as to the bibliography. Paris, 1826, et seqq.

† Abulcasis, de Chirurgia, arabice et latine, cura. J. Channing. Oxoniæ, 1778, 2 vols. in 4to, wood cuts. These figures are not always in accordance with the manuscript; for example, that which accompanies the passages here cited (from the original Arabic).



A good French translation of this treatise might be useful."—*Note.*

ture below (or under) the stone to prevent its falling back into the bladder; you then introduce the iron part of the instrument, cautiously, until it reaches the stone, and then cause the instrument to move round, turning it and trying to pierce the stone by degrees until you penetrate from side to side. The urine will pass immediately, and with the hand we can aid the passage of what remains of the stone, for it is now broken,* and the fragments passing out with the urine, the suffering organ is relieved, if it so please God the all-powerful."

Thus spoke Abulcassem, about the end of the *eleventh* century, at Cordova. However imperfect his process may appear, and however much he still leaves to be wished for, yet we perceive that it had a strong affinity to the process used at this day; and our intelligent practiser, who shall read the Arabian physician, will soon find the means of applying the method to the relief of patients. While in Europe the art has been breaking up the urinary calculi by perforation, in the East it has destroyed them by a similar process, with an instrument of metal armed with a diamond.

The following are two documents which I have collected on this subject.

The first is an extract from the book of Shehâb-eddin-Ahmed-ben-Yussuf-Teifashy, entitled "The Book of the Flower of Thoughts upon Precious Stones, by the Imam, the learned Shehâb-eddin-Ahmed-ben-Yussuf-Teifashy;" with the translation of which I am now employing myself.

Teifashy, having come to the advantages which may be derived from the *diamond*, thus expresses himself: "One important advantage of the diamond, of which Aristotle has spoken, and which is confirmed by experience, is the use which we can make of it in cases of the stone. When a person has calculi either in the bladder or in the urethral canal, if we take a small diamond and fasten it securely, with mastic, on the end of a small rod of metal,† either copper or silver, and introduce it into the organ containing the calculus, we may grind it down by reiterated friction. Ahmed-ben-Abi-Khalid, a physician known by the name of Ibn-el-Harrar, relates in his book upon stones, that he employed this method on a domestic of the eunuch who was the parasol-bearer, and who suffered from a urinary calculus of great size. This man said he would not submit to the operation of cutting. I had recourse to the operation just mentioned; I bruised the stone to pieces by friction, and reduced it to a size small enough for the urine to bring it out along with itself."

Teifashy, who took his name from Teifash, a city of Africa, wrote, as he himself says, about the 640th year of the hegira, which corresponds to the year 1242 of the Christian era.

This work of Teifashy has been already published; first, in extracts only, at Utrecht, in 1784, in 4to. by Sebaldus Ravius; and afterwards

* "I follow the reading of the manuscript; the printed text has, تَنْقُبُ, *it is pierced*, which gives a less satisfactory sense." (*Note by the correspondent of the Journal.*)

† "Castel renders the original word by *specillum, axis trochlea.*" (*Note of the correspondent of the Journal.*)

entire, at Florence, in 1818, in 4to. by M. Rainleri, with an Italian translation, accompanied with notes. This text, the copy of which bears date in the year 887 of the hegira, or 1482 of the Christian era, is less perfect than that in the royal library (No. 969), for a knowledge of which I am indebted to M. Reinaud; this is of the date of 826 of the hegira (A. D. 1423), and consequently is anterior to the former by 59 years. It seems that in the text published at Florence, the text of Teifashy was retouched; for it not only contains many less facts and things, but also differs in a remarkable manner in the style; and we do not find in it the passage cited.

Mohammed-ben-Mohammed-Kazwiny, surnamed the Arabian Pliny, and who died, as is supposed, in the year 682 of the hegira (A. D. 1283), cites an instance of lithotrity in his work, entitled, The Book of the Wonders of Nature and Created Things. Singular as the anecdote may appear, it is worthy of being cited, because it proves at least the knowledge of this operation.

"Aristotle, the philosopher, relates that Alexander occupied himself a good deal with the properties of stones; for this reason he brought to me a man who was suffering with calculi in the urethral canal. I took a fragment of diamond, fastened it with a little mastic to a piece · · · and I bruised the stone, which, by the will of God, I destroyed."

It is to be observed, that this passage is not found in all the manuscripts of Kazwiny; I have looked over three of them—1, No. 898, of the old stock; 2, a small quarto of the Arabian supplement; and 3, a small folio, No. 8; which last is the only one that speaks of it (fol. 144 verso). The two preceding ones say nothing of it, nor more than the Persian versions do—Nos. 141 and 142 of the old collection.

Such are the documents relative to the attrition of calculi, of which the Arabian writers have enabled me to obtain my knowledge. They prove that in Spain, under the government of the Moors, and in the East, at a period which we may infer to be about the same era, although the dates of the historical evidence are more modern, this process was known and used. Did Aristotle, then, who is cited by Teifashy and Kazwiny, really know and practise it? This is a problem to be solved; for though his name is appealed to, as well as his book upon the stone, yet that is not a ground for answering in the affirmative; for we do not possess any book of Aristotle's which treats of stones, and there is nothing in his works which leads us to suppose the existence of such a book. The only known work which the Greeks have left upon mineral substances is that of Theophrastus, and he is silent upon the lithotritic property of the diamond. Nor does Pliny speak of it; and it is hardly probable, that, if he had known an operation so important to humanity, it would have been overlooked by an author who relates so many whimsical and useless remedies.

It would seem, then, that we must look in some other region than the West for the invention of this useful method. But I refrain from hazarding anything upon a question of this nature.

Avicenna does not say a word of the attrition of the calculus. Nor does Reiske in his *Observationes* medicæ ex Arabum monumentis, which

contain, moreover, some interesting documents on other points in the history of medicine among the Arabians. It is to be regretted that a man of such profound knowledge, and who was at the same time a good physician and able orientalist, should not have examined this question, as he, above all others, united the qualifications necessary to elucidate it.

A considerable number of works of great interest on the healing art have been left us by the Arabians and Jews of the middle ages; but the most of them lie buried up in libraries where they are lost to science. It is to be hoped that the learned world will one day enjoy this information, which will throw much light on the subject in question, and disclose to us also, without doubt, other processes not less valuable. For myself, my only object was to make known the lithotrical testimony which has come to my knowledge; and the materials are offered to physicians who may think fit to construct the archæological edifice of medicine.

MEDICAL INSTITUTIONS OF THE WEST.—CASE OF OLD AGE.

To the Editor of the Boston Medical and Surgical Journal.

I INTENDED to have given you some account of a case of old age in a person now living at Northfield, in this county, before my journey to the University of Lake Erie, at Willoughby, Cuyahoga county, Ohio, in which institution I have the honor to hold the Professorship of Materia Medica, Pharmacy and Medical Jurisprudence; but in consequence of the duties of this appointment, I had no time to write it, and now I believe I shall give you a brief sketch of my medical tour before I detail the case.

At Albany I visited the Medical College which some of the citizens of that place are fitting up in Eagle street. It is a very convenient building, large and commodious, and the anatomical theatre is well lighted, and is capable of containing 400 students. Dr. Emmons, the Professor of Natural History, was fitting up his cabinet of minerals in the museum connected with the college, in a large, well-lighted room. As the lectures have not yet commenced, I can say nothing more of its situation and prospects. I called upon Drs. McNaughton and Beck, Professors in the College of Physicians and Surgeons in the Western District of New York, at Fairfield, who informed me that the number of students in that institution was about the same as last year—135. I understood the number of students at Geneva, on the Seneca Lake, was somewhat larger than last year. Time did not allow me to visit that institution.

As the medical institution at Willoughby, Ohio, is not much known in this part of the country, you will pardon me for giving you some account of it.

Willoughby University of Lake Erie was incorporated in 1834, and located in the beautiful town of Willoughby, which was formerly known by the name of Chagrin, in Cuyahoga county. It is designed for a general university, though at present it is only organized in its medical department. The college building is beautifully situated on a rising

ground, at the centre of the south end of the street, and it overlooks the whole village. It is of brick, three stories high, and sixty feet square, with two lecture rooms, a laboratory, several extensive anatomical rooms, one for an anatomical museum, one for a library, six rooms for professors, all large and commodious, and a room for a museum of curiosities, forty feet by sixty. The building is warmed by heated air from the cellar, which is under the whole building. It is also well lighted, and there is an excellent well of water in the cellar. There is a very large and high cupola upon the top of the building, from which the prospect of the surrounding country and of Lake Erie is very fine. Facilities for the accommodation and benefit of students are scarcely inferior to any in the United States. There are five professors, who divide a fee of sixty-two dollars. The University is incorporated by the State on the most liberal plan. All the branches which are taught in any university are to be taught here. At present only medical lectures are delivered here, by the following professors, viz.:

John Delamater, M.D., *Theory and Practice, Obstetrics and Physiology;* Amasa Trowbridge, M.D., *Surgery;* H. A. Ackley, M.D., *Anatomy;* J. Lang Cassells, M.D., *Chemistry;* Stephen W. Williams, M.D., *Materia Medica, Pharmacy and Medical Jurisprudence.*

The university was built by individual munificence, and its greatest patron is Dr. Westel Willoughby, of the College of Physicians and Surgeons of the University of New York, who has already done so much towards it that it bears his name. The town also is named from him. His portrait adorns the walls of the institution. There is no better location for a medical college in America than this. There is no institution of the kind in Michigan, Illinois, Indiana, Missouri and Wisconsin, and on the north and west in Canada. At Cincinnati, five hundred miles by water, and two hundred and fifty by land, is the nearest college on the north, and at Geneva on the west in New York. There can be no doubt of its ultimate success. The first course of lectures was given here in 1834, and the classes have been gradually increasing since.

There is no State Medical Society in Ohio. I hope that three such medical schools as the Willoughby Institution, and the two medical colleges at Cincinnati, will have a happy influence in bringing about so desirable an event as a State Medical Institution. Your readers cannot but be gratified that so much is done for the promotion of science in the infant State of Ohio.

On my return I visited Pittsburgh, Philadelphia and New York. At Philadelphia I called upon my venerable friend Dr. John Redman Coxe, late of the University of Pennsylvania. I found him in his study, surrounded by his eight or ten thousand volumes of books, of which his library consists, investigating the medical principles of the ancients, of which he is very fond. His library is very rich in ancient medical lore. I think he will produce a most valuable work on this subject. No man in America, in my opinion, is deeper versed in medical literature than Dr. Coxe. I am rejoiced that he is spending the evening of his life in pursuits which must ultimately benefit mankind. He thinks that many of the pretended improvements of the moderns are to be found in the

works of the ancients. He says that the science of phrenology was well known to the ancients, and that he has a plate of the skull with the same marks of the organs delineated upon it, which are found in modern works upon the subject, more than three hundred years old. Dr. Coxe informed me that he believed the Medical School of Jefferson College was about the same as last year. Dr. Hays, editor of the American Medical Journal, told me that he believed the Medical School of the University contained about 450 students. In New York I called upon Dr. Charles A. Lee, Professor of Materia Medica and Medical Jurisprudence in the University of the city. He waited upon me to various places of interest, such as the new university, the College of Physicians and Surgeons, the Hospital, &c. &c., and introduced me to several eminent physicians of the city. I understand that the number of medical students was small—not more than fifty or sixty. The Chancellor and Council of the new University, I understand, still continue to make their appointments in the medical department for the ensuing year. There seems to be some collision between the old professors and the Chancellor and Council. But I forget that I am to give you a *Case of Old Age.*

In the month of September, 1828, in company with two friends, I visited an old lady at Northfield, a few days over one hundred years of age. As I had never, to my knowledge, seen a centenarian, I had the curiosity to visit her. I think the following account of her may be interesting to the physiologist, as well as the physician, particularly that part of it which relates to the return of the menses at the age of ninety-eight years, and the ossification of the arteries.

Her name is Sarah Smith. Her maiden name was Lilly. She was born, according to her statement and according to a record in her bible, at Sutton, in Worcester county, in this State, on the 12th of August, old style (corresponding with the 24th of August, new style). She now resides in the family of a Mr. Farnsworth, of Northfield, where she is supported by the liberality of Mrs. Harriet Hendrick Bellows, formerly Miss Harriet Haughton, of Northfield. Mrs. Bellows is grand daughter to the old lady, and the family bible of the latter is deeded to her. The deed was executed in a fair hand, written by herself on the day she was one hundred years old. She came to Northfield about thirty years ago, and of course she does not remember many of the transactions of early times in this region of country, much to our regret.

We found her about noon, in her day dress, lying upon her bed. She appeared to be very glad to see us, and very soon arose and sat upon the side of the bed, and conversed with us, very intelligibly, more than half an hour; and when we parted with her she gave us her blessing, and appeared to be much affected. Her intellects appeared to be much brighter than those of very many people of sixty years of age, and the correctness with which she could remember the dates of ancient events, was truly astonishing. She says that she was married soon after she was 19 years of age, and that she lived with her husband nearly fifty years, and that he has been dead little more than thirty years. This almost exactly corresponds with her age. She says she has had

thirteen children, three of whom are now living. The oldest was born in 1759, and the youngest in 1782. One of her children, at the age of 76, visited her at her centennial celebration, when religious services were performed by the Rev. Dr. Willard of Deerfield, and she understandingly partook of the sacrament. To show that her recollection was good, she stated that she had formerly resided at Petersham, and that the Indian name of that place was *Nitchewang*, or *Pitchewang*, which was correct.

Contrary to the generally received opinion that very aged people had almost always during their lives enjoyed good health, she states that during her whole life she was hardly ever healthy, but that she had always, more or less, been troubled with nervous affections. I have known several people live to an advanced age who had, also, always been affected with nervous complaints. I could instance the case of an old lady in this town, who died at the age of ninety-five years, and who never enjoyed firm health on account of these difficulties. These complaints are hereditary in her children and grand children. Contrary, also, to the general fact that very aged people have almost always been descended from long-lived ancestors, she states that her parents did not live to a great age.

All her senses are somewhat impaired, except, perhaps, that of the taste. She still relishes her food, which she takes in small quantities, and it does not seem to distress her. She seems to require the use of small quantities of brandy and wine every day, but thinks she does not exceed the quantity of a teaspoonful of brandy at a time, made into toddy pretty rich and sweet, which she takes several times a day—thus verifying the assertion of one of our wisest men, who says that "Milk is the food of infancy and wine of old age." She eats some meat, but never ate fat pork in her life. She is very fond of sweet things, such as sugar, sweet-meats, cakes, and even fried cakes. I know several old people who are as fond of sugar and other sweet things, as they were when they were children. Milk does not agree with her. Her digestion is pretty good, notwithstanding she lost all her teeth forty years ago. Her alvine evacuations are pretty regular every other day. She secretes and passes about the usual quantity of urine. Dr. Rush observes that he has not found "the loss of teeth to affect the duration of human life so much as might be expected." He mentions the instance of Edward Drinker, who lived to the age of one hundred and three years, and who lost his teeth thirty years before he died, from drawing the hot smoke of tobacco into his mouth, through a short pipe. Dr. Sayre mentions two similar cases. The gums, by long attrition and use, become hard and partly perform the office of teeth. It is probable that the gastric juice in old age, like the secretion of tears and urine, becomes acrimonious, and supplies, by a more solvent power, the deficiency of tication from the decay and loss of the teeth.

Her skin appeared to be dry and shrivelled up, like parchment, and although she had never been fleshy, it hung very loose about her. I should as soon think of perspiration passing through a drum-head, as through her skin. The pulse at her wrist was completely obliterated,

by the radial artery having become ossified, or completely bony. I have seen several instances, in persons not more than sixty or seventy years of age, where the artery at the wrist had become partially, but not entirely so, a little blood being transmitted through it. I could feel the pulse distinctly in the temporal arteries. It was slow and occasionally intermittent. Dr. Rush states that "a regular pulse in old people indicates a disease, as it shows the system to be under a preternatural stimulus of some kind." It was, perhaps, owing to the obliteration of her pulse at the wrist, that her sense of feeling was much impaired, so much so that she cannot feel a pin, which she picks up, or which is put into her hand.

Her hearing is not much more impaired than that of many people from old age at seventy. I could converse with her without difficulty. Her sight, too, was not so far obscured as that of many people much younger. She is not now able to read, but it is but a short time since she could read and enjoy it, with glasses. She sees persons and objects distinctly. She sleeps a great deal, especially in the day time, and she says she dreams incessantly, and everything. I inquired of her whether she dreamed most of ancient or modern times, and she told me that she dreamed most of olden times. Gen. Hoyt, who was with us, told her that he could readily believe that her observation was correct in relation to dreams, for that at his age, seventy-three, he dreamed much more than he did in younger years. Dr. Rush observes that "dreaming is universal in old people. It appears to be brought on by their imperfect sleep." I have known one instance which controverts this position, or fact, if it may be so called. Mrs. Bradley, of this town, at the age of ninety years, has informed me that she dreams but very little. In regard to Mrs. Smith not sleeping much at night, she may possibly be mistaken in relation to it. Under the head of watchfulness, Dr. Rush observes, "This is probably produced in part by the action of the urine upon the bladder; but such is the excitability of the system in the first stages of old age, that there is no pain so light, no anxiety so trifling, and no wound so small, as not to produce wakefulness in old people. It is owing to their imperfect sleep, that they are sometimes as unconscious of the moment of their passing from a sleeping to a waking state, as young and middle aged people are of the moment in which they pass from the waking to a sleeping state. Hence we so often hear them complain of passing sleepless nights. This is no doubt frequently the case, but I am satisfied from the result of an inquiry made upon this subject, that they often sleep without knowing it, and that their complaints in the morning of the want of sleep arise from ignorance, without the least intention to deceive." She was not bald, nor was her hair whiter than I have seen in persons seventy years of age. Her lungs are sound, and she speaks with a great deal of force and clearness.

One thing in relation to her case was singular. At the age of ninety-eight she began again to menstruate, or to have a periodical discharge from the uterus, attended, however, with considerable fœtor. This information I had from her nurse. I have known several instances where very aged females have had leucorrhœa, or fluor albus. And I have

heard of two instances where very old women have menstruated. I have been informed that an old lady, in a neighboring town, bore a child at the age of seventy-four years. I will not vouch for the correctness of the report.

In regard to death, she says she hopes she is ready and willing to die. Many aged people, with whom I have conversed, have been very anxious to have their lives prolonged, though Dr. Rush observes, "the fear of death appears to be much less in old age than in early or middle life." "Death from old age," he continues, "is the effect of a general palsy. It shows itself first in the eyes and ears, and in the decay of sight and hearing—it appears next in the urinary bladder and rectum, and finally in the nerves and brain, destroying in the last the exercise of the faculties of the mind. Few persons appear to die of old age." There is every appearance, however, that Mrs. Smith will, for she has already many of the symptoms upon her above enumerated. Her passage to the tomb will, probably, be smooth and unruffled, and her final exit will be like the last flickering of a candle. Her consciousness will leave her before the last breath passes her lips.

STEPHEN W. WILLIAMS, M.D.

Deerfield, Mass., Jan. 1, 1839.

BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, JANUARY 9, 1839.

ORTHOPEDIQUE INSTITUTION.

AN institution is now in successful operation, in Boston, for the cure of spinal distortions, club-feet, &c., which has received the appropriate appellation of *Orthopedique Infirmary*. *Orthus*, in Greek, means right, and *pais* child, and which are made use of in French to denote that branch of surgery which has for its object the prevention and cure of deformities in children. There is no word in the English language which has the same signification. This infirmary is conducted by John B. Brown, M.D., at No. 65 Belknap street. By looking at the prospectus it will be noticed that most of the seniors of the profession in Boston, approve of the plan of treatment, and have kindly offered their gratuitous advice in all difficult cases.

Under these favorable auspices, there is every reason for believing that the infirmary will prove a useful institution, that it will be judiciously and scientifically managed. In Paris, the Orthopedique Institution has been appreciated by the benevolent, there being a large capital invested in apparatus adapted to the various distortions and deformities of the body—particularly in children and young persons of both sexes. Dr. Brown has recently received a minute report from the two surgeons who control it, which presents a detailed account of the principles and modes of treatment.

Spinal affections are continually increasing amongst us, as an accompaniment of civilization, and it is important, therefore, that the best mode

of correcting and preventing them, should be based upon true anatomical and physiological principles. Until within a few years, comparatively, these complaints, even in Europe, were left to the management of quacks and machine-makers; and much unnecessary suffering and derangement of health has been the unfortunate result.

Much has been said, of late, of the effects produced on the general condition of the body by compressing the whole trunk in such a manner as to impede the functions of the vital organs. A mode of practice is at this moment in vogue of casing up the patient in a metallic corslet, which is not justified by any discoveries in anatomy. The framework of man is constructed of material altogether too delicate for enduring the violence inflicted by processes so unphilosophical. We view Dr. Brown's plan of operations for restoring distorted limbs and spinal curvatures, as unexceptionable, because they are sustained by the acknowledged principles of anatomy and physiology. To long professional experience, this gentleman unites a mechanical ingenuity and skill, without which no success can be expected in this peculiar department of surgery. In view of the great and good object he proposes, we cordially wish the infirmary success, and freely express a hope that the community will appreciate the advantages of having it located in this city—under the direction of one who manifests a determination to exert every power to sustain it with increasing reputation. Although comparatively in its infancy, we are assured that the applicants are numerous, and it is much to be deplored that many calls are from that class of worthy, industrious poor, who are wholly unable to pay for the necessary apparatus. In spinal distortions, particularly, the success of Dr. Brown is extremely encouraging, and will have a tendency to prevent patients from going expensive journeys for medical advice which can be obtained at home.

It occurs to us to make reference to a case of club-feet, in which the bones were strangely twisted out of place and shape, and in which the restoration is now nearly complete. A little girl, three years of age, both of whose feet were turned in (*vari*), together with the loss of the lower extremities from birth—the bones of the legs being so curved that the fibula of each rested on the anterior part of the tibia, after having been six months a subject of the infirmary, could stand in an erect position, balancing herself in a rocking-chair while in motion. Perhaps this was one of the most difficult and unpromising subjects that could have been selected. She was placed under Dr. Brown's care, we understand, by the recommendation of the President of the Massachusetts Medical Society.

On the whole, we are gratified with the progress which is making in this benevolently devised institution, which only requires to be extensively known to be upheld by the strong arm of an intelligent community.

British and Foreign Medical Review.—In a note at the bottom of page 596, of the British and Foreign Medical Review, is the following, which we cheerfully republish, that the editors may not suffer again through the negligence of American correspondents: "We once more beg to inform our kind friends in America, that books must be sent *free of expense*, either to our London publisher, Mr. Churchill, 16 Prince street, Soho, or to our publisher for the United States, Mr. George Adlard, New York. Until an alteration is made in the present rates of postage

between Great Britain and foreign countries, conveyance of books by post is quite inadmissible." It seems that several numbers, in July and August last, of the Boston Medical and Surgical Journal were sent by some person who must have been ignorant of the great expense he was making for Drs. Forbes and Conolly. The postage on these numbers and on another small pamphlet from America was *nine dollars and forty-nine cts.* of our currency and at the present rate of exchange, ten dollars and twenty-four cts.! In no instance have we sent exchange journals in any other way than those specially pointed out to us by all our foreign correspondents in any part of Europe, South America or the West India Islands, and we ask it as a special favor of gentlemen who wish to forward numbers of our Journal abroad on account of particular articles in which they feel an interest, that they would in all cases place them in the care of this office—being assured that the conveyance to the place of destination will be as prompt and certain as our own packages—and attended with this advantage, that it will impose no unnecessary expense to those to whom they may be directed. We hope the editors of the Foreign Medical Review will have the justice to exonerate us from all blame in the matter, on reading this explanation.

Geo. Med. College.—A copy of Dr. J. A. Eve's introductory delivered to the class at the commencement of the annual course of lectures in November, is hereby acknowledged. No room has been found for extracts. It shall not be forgotten. Dr. Eve is an energetic writer, whose influence is felt far beyond the boundaries of the State of Georgia.

Another Medical School.—From some movements clearly understood in Philadelphia, it is supposed that a third school of medicine is proposed in that city. When the Jefferson College was established, it was feared that either that or the University would go down; but they both flourish exceedingly. Another would have its friends and patrons and might succeed admirably.—More of this when we know more of the matter.

To Correspondents.—Dr. Partridge and others, are to be remembered next week.

Died,—In Montrose, Pa., Dr. Mason Denison, formerly of Vermont.—At New York, Dr. Asa Green.—At Wodville, Miss., Dr. Silas E. Potts, aged 35.—At Paris, Nov. 21st, the celebrated and highly gifted Broussais.

Whole number of deaths in Boston for the week ending Jan. 9, 36. Males, 20—females, 16.

Of consumption, 5—diarrhœa, 1—convulsions, 2—scarlet fever, 4—intemperance, 1—lung fever, 4—strangulation, 1—cancer, 1—throat distemper, 1—croup, 1—disease of the heart, 1—old age, 2—teething, 2—dropsy, 1—measles, 1—hooping cough, 1.

PRIVATE MEDICAL INSTRUCTION.

The subscribers are associated for the purpose of giving a complete course of medical instruction. Their pupils will have regular access to the medical and surgical practice of the Massachusetts General Hospital. They will be admitted, also, to the practice of the House of Correction, which constantly presents a large number of important cases, and whereopportunities will be afforded for acquiring a practical knowledge of compounding and dispensing medicines. They will be furnished with opportunities for the study of Practical Anatomy, not inferior to any in the country. To the pupils, particularly to those in the last year of their professional studies, facilities will be afforded for acquiring a personal acquaintance with private medical and obstetric practice. Instruction by examinations or lectures will be given in the different branches of medical studies, during the interval between the public lectures of the University. Books, and a room with fire and lights, will be furnished to the students at the expense of the instructers.

GEORGE C. SHATTUCK,
WALTER CHANNING,
JOHN WARE,
GEORGE W. OTIS, Jr.,
WINSLOW LEWIS, Jr.

Oct 31—eptf

FALLING OF THE WOMB CURED BY EXTERNAL APPLICATION.

DR. A. G. HULL'S UTERO-ABDOMINAL SUPPORTER is offered to those afflicted with *Prolapsus Uteri, or Falling of the Womb*, and other diseases depending upon a relaxation of the abdominal muscles, as an instrument in every way calculated for relief and permanent restoration to health. When this instrument is carefully and properly fitted to the form of the patient, it invariably affords the most immediate immunity from the distressing "*dragging and bearing-down*" sensations which accompany nearly all cases of visceral displacements of the abdomen, and its skilful application is always followed by an early confession of radical relief from the patient herself. The Supporter is of simple construction, and can be applied by the patient without further aid. Within the last three years nearly 1500 of the *Utero-Abdominal Supporters* have been applied with the most happy results.

The very great success which this instrument has met, warrants the assertion, that its examination by the physician will induce him to discard the disgusting Pessary hitherto in use. It is gratifying to state that it has met the decided approbation of Sir Astley Cooper, of London, Edward Delafield, M.D., Professor of Midwifery, University of the State of New York, of Professors of Midwifery in the different Medical Schools of the United States, and every other Physician or Surgeon who has had a practical knowledge of its qualities, as well as every patient who has worn it.

The public and medical profession are cautioned against impositions in this instrument, as well as in Trusses vended as mine, which are unsafe and vicious imitations. The genuine Trusses bear my signature in writing on the label, and the Supporter has its title embossed upon its envelope.

AMOS G. HULL, Office 4 Vesey Street, Astor House, New York.

The Subscribers having been appointed Agents for the sale of the above instruments, all orders addressed to them will be promptly attended to.

LOWE & REED,
94 Merchants Row, Boston.

Jan. 3. 1yreop

MEDICAL INSTRUCTION.

THE subscribers are associated for the purpose of giving Medical Instruction. Students will be admitted to the medical and surgical departments of the Massachusetts General Hospital, may see cases in one of the Dispensary Districts, and have abundant opportunities for observing the smallpox and varioloid diseases. They will receive clinical instruction upon the cases which they witness, and during the interval of the regular lectures at the College, they will receive instruction by lectures and recitations upon the various departments of medical science. Ample opportunities will be afforded for the cultivation of Practical Anatomy. They have access to a large library, and are provided with a study, free of expense.

Applications may be made to either of the subscribers.

M. S. PERRY, M.D.
H. I. BOWDITCH, M.D.
J. V. C. SMITH, M.D.
H. G. WILEY, M.D.

July 25—eoptN—emtJy

SCHOOL FOR MEDICAL INSTRUCTION.

THE Subscribers propose establishing a private Medical School, to go into operation the first of September next. The advantages of the Massachusetts General Hospital and other public institutions will be secured to the pupils; and every attainable facility will be afforded for anatomical pursuits.

Regular oral instructions and examinations in all the branches of the profession, will form a part of the plan intended to be pursued.

On the Practice of Medicine and Materia Medica, by - - - - Dr. BIGELOW.
On Anatomy and Surgery, by - - - - - - - - - - - - Dr. REYNOLDS.
On Midwifery and Chemistry, by - - - - - - - - - - - Dr. STORER.
On Physiology and Pathology, by - - - - - - - - - - - Dr. HOLMES.

Dissections will be carried on throughout the year, and a course of Lectures on Practical Anatomy and Surgery will be given in the interval between the Medical Lectures of Harvard University.

A room will be provided in a central part of the city, with all the conveniences required by students.

JACOB BIGELOW,
EDWARD REYNOLDS,
D. HUMPHREYS STORER,
OLIVER W. HOLMES.

Boston, August 17, 1838.

Aug 22—ep3m

ORTHOPEDIQUE INFIRMARY

FOR THE TREATMENT OF SPINAL DISTORTIONS, CLUB FEET, ETC.

AT 65 *Belknap Street, Boston.* Patients from a distance can be accommodated with board in the immediate neighborhood.

JOHN B. BROWN, M.D., Surgeon.

We the subscribers approve of Dr. J. B. Brown's plan of an infirmary for the treatment of Spinal Affections, Club Feet, and other Distortions of the human body, and will aid him by our advice whenever called upon.

John C. Warren, George Hayward, Edward Reynolds, Jno. Randall, J. Mason Warren, John Jeffries, John Homans, M. S. Perry, W. Channing, George C. Shattuck, J. Bigelow, Enoch Hale, W. Strong, George Parkman, D. Humphreys Storer, George W. Otis, Jr., Winslow Lewis, Jr., J. H. Lane, Edw. Warren, Geo. B. Doane, John Ware, George Bartlett, John Flint.

Boston, August 1, 1838. tf.

MEDICAL ALMANAC and Pocket and Memorandum Book for 1839, for sale at the Medical Journal office. Price 75 cts. On account of the binding, copies cannot be sent by mail.

Also, for sale, a few copies of Dr. Tuckerman's Letter to Dr. Warren, on the climate of Santa Cruz. Price 12 1-2 cts. Dec. 19.

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